# Release, Waiver, and Indemnity Agreement

Release executed on , by (date) (print name)

SS# XXX-XX- \_\_\_\_ , of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(address)

hereinafter called RELEASOR, in favor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and all other officers, representatives, agents, and/or employees thereof, hereinafter called RELEASEES.

Releasor is seeking permission to enter the home of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, also amongst the RELEASEES (hereafter “RELEASED HOST”) for purposes of engaging with monkeys, prime apes, and/or wild animals who are in a domestic setting, owned by the RELEASED HOST, or other RELEASEES, herein identified as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who are also amongst the RELEASEES, with Releasee, the Released Host, and other persons who may be interested in same, or RELEASEES, representatives, officers, agents, and/or employees thereof. Releasor acknowledges and understands the risks and hazards inherent or to be anticipated in such an activity; hazards include, but are not limited to, physical injuries from biting and/or scratching, which can be life threatening, potential viruses or toxins and/or hazardous materials, such as fecal matter, which Releasor may come into contact with or obtain from the animals through these interactions. Releasor voluntarily chooses to participate with full knowledge of these risks and hazards.

**RELEASE/WAIVER:** In consideration of being permitted to

(print name)

participate as described above, releasor, for himself/herself and his/her personal representatives, heirs and next of kin, hereby covenants not to sue, releases, waivers, and discharges from all liability to the releasor, his/her personal representatives, assigns, heirs, and next of kin, for all loss or damage, and from every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity, on account of injury to the person or property of, or resulting in death or the releasor, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE while the releasor is for any purpose participating in any one of the various activities that the RELEASEES, RELEASED CHAPTER, and student members, representatives, officers, and employees may host and/or conduct throughout the year.

**INDEMNITY:** Releasor agrees to indemnify the RELEASEES, RELEASED CHAPTER, and student members, representatives, officers, and employees from any loss, liability, damage, or cost same may incur due to the participation of the Releasor, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

Releasor expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release contains the entire agreement between the releasor and releasees and the terms of the release are contractual and not a mere recital.

RELEASOR HAS CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTANDS ITS CONTENTS, IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE PARTIES HERETO, AND HAS SIGNED OF HIS/HER OWN FREE WILL.

Signature of Releasor Date

# Emergency Contacts

1. Name:

Relationship:

Telephone 1:

Telephone 2:

1. Name:

Relationship:

Telephone 1:

Telephone 2:

**Please list your mobile number here so we can contact you in an emergency:**

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This section is optional:

Should a medical emergency arise, please provide us with the following information: Please list any medication or drugs you are taking:

Please indicate if you have any allergies:

Do you have a medical condition that we should know about?